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Serial No. : 10/040,010

Applicant(s) : Thomas M. Mills et al.

Filing Date : January 4, 2002

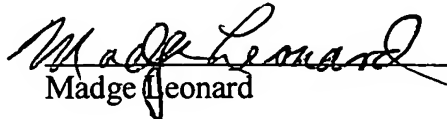
Title: : TREATMENT OF ERECTILE DYSFUNCTION

Examiner : Hui, San Ming R.

Group Art Unit : 1617

Type of Document(s) : Transmittal Form
Election and Response
2nd Supplemental Information Disclosure Statement –
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References: 5
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Applicati n Number	10/040,010
		Filing Date	January 4, 2002
		First Named Inventor	Thomas M. Mills
		Group Art Unit	1617
		Examiner Name	Hui, San Ming R.
Total Number of Items in This Submission (including Transmittal Form)	11	Attorney Docket Number	M0351-267875 (011-00)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Check _____ <input checked="" type="checkbox"/> Election & Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> 2 nd Supplemental Information Disclosure Statement (induplicate) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Express Mail Certificate - EV 127 539 264 US PTO/SB/08A References: 5 Return Postcard
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Firm or Individual name	Cynthia B. Rothschild, Esq. Reg. No. 47,040
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